Corporation of St. John's

Board of Trustees

Response to the HayGroup Operational Review Report

May 31, 2002

May 2002

Health Care Corporation of St. John's
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HealthCare
Corporation of St. John's

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I. Letter to the Minister of Health and Community Services

May 31, 2002

The Honorable Gerald Smith
Minister of Health and Community Services,
Province of Newfoundland and Labrador,
P.O. Box 8700,
Confederation Bldg.,
St. John's, NF
A1B 4J6

Dear Minister:

Please find attached the Health Care Corporation of St. John's response to the HayGroup Operational Review Report as requested by the former Minister of Health and Community Services the Honorable J. Bettney.

Managers, staff, physicians, and trustees of the Corporation have diligently reviewed the recommendations and provided input into the response to them. The one hundred and nineteen recommendations are in various stages of being addressed. Some of the recommendations have already been completed while other complex issues will require additional detailed analysis. In these cases preliminary reports have been provided. Several of the recommendations will require an ongoing process of dialogue and partnering with our external stakeholders.

The Health Care Corporation of St. John's would like to recognize the important contribution that members of the Corporation have played in conducting this professional assessment of the HayGroup Operational Review. Considerable effort has been dedicated to reviewing and analyzing the impact of the recommendations on the organization and the patients we serve. The participants' knowledge and concern for patient care has enabled the organization to bring a balanced perspective to the consultants' report. Overall, our trustees, physicians, managers and staff have assessed the recommendations balancing concerns for efficiency with our other critical goals of effectiveness and equity of patient care. While our primary focus was on the implications for patient care and our financial situation, we also reflected on and were mindful of the importance of adhering to our ethical principles and values.

Please accept our response to the HayGroup report. The Corporation welcomes the opportunity to work with the Department in achieving our mutual goals to improve the operations of the Health Care Corporation of St. John's of which the HayGroup Report is but one element in this process.

Sincerely

Mr. John Abbott,
Chairperson,
Board of Trustees,
Health Care Corporation of St. John's

HealthCare
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II. Executive Summary

i. Overview of the Health Care Corporation of St. John's Response

The HayGroup Operational Review was commissioned by the Minister of the Department of Health and Community Services in November 2001. The Corporation will use the results of the Operational Review as one of the resources available to the organization in its ongoing efforts to be a more effective and efficient organization. In this light, the Corporation has reviewed the HayGroup report and has identified aspects that we believe can help us achieve our mission while being a careful steward of the resources provided to us by the Provincial Government.

The HayGroup Operational Review Report contains one hundred and nineteen specific recommendations. The Corporation has reviewed all of the recommendations made by the HayGroup and has developed a detailed assessment and response to their document. The Operational Review document also contains extensive commentary on the operation of the Health Care Corporation of St. John's. In certain areas this commentary provides the organization with narrative that will enable us to further understand the context in which the consultants viewed areas of strengths and concerns within the organization. In other cases the consultant's commentary is a cause for concern throughout the organization. In cases, where the commentary appears to be without factual bases the Corporation has had to make its own assessment of the merits of their comments and recommendations.

Each individual recommendation has been responded to in detail in Appendix A. In many cases the recommendations are implemented (24/119), in other cases the recommendations are in the process of being implemented (63/119). Table One provides a summary of the current status of the one hundred and nineteen recommendations.

Table One – Current Status of the Recommendations

Status	Number of Recommendations in this Category	Recommendation Number
Completed/Implemented	24	3, 5, 12, 13, 14, 16, 18, 19, 21, 30, 43, 46, 53, 54, 61, 72, 81, 86, 87, 93, 94, 98, 108, 109
Assessment Ongoing	17	1, 2, 33, 35, 47, 55, 56, 57, 58, 59, 60, 65, 67, 68, 77, 78, 79,
Implementation is Ongoing	63	4, 6, 7, 8, 9, 10, 15, 17, 20, 22, 23, 24, 25, 26, 27, 28, 29, 31, 32, 34, 36, 37, 38, 39, 40, 41, 42, 44, 50, 52, 62, 64, 70, 71, 73, 74, 75, 76, 80, 82, 83, 84, 85, 88, 89, 90, 91, 92, 95, 97, 100, 101, 102, 104, 105, 106, 112, 113, 114, 115, 117, 118, 119
Recommendation not accepted	14	45, 48, 49, 51, 63, 66, 69, 96, 99, 103, 107, 110, 111, 116
Existed Prior to Review	1	11
Total		**119**

ii. Potential Cost Savings

One of the problems encountered in preparing this response is that the recommendations do not line up with the identified cost savings. There are recommendations with no associated savings and there are savings identified with no recommendations. The HayGroup identified potential savings of thirty million dollars. However, known errors with data quality invalidated the HayGroup's estimate of the potential savings. Utilizing the HayGroup methodology the Corporation reassessed the calculations and determined that the potential savings should be twenty two million dollars. The greatest factor attributing to the difference is the variance between using comparator hospitals lengths of stay at the 50th percentile compared to the 75th percentile. The draft HayGroup report used a performance level established at the 75th percentile but an alternative of a 50th percentile standard was proposed. The justification for this alternative is detailed later in this report. During the review period, the consultants had agreed with this change based on results emerging from our Expected Date of Discharge Project and the unusually low complexity levels reported for our patients. These factors caused enough concern about the validity of the performance differential to warrant the change. Unfortunately, the consultants

subsequently refused to adjust the report. In addition the data was not adjusted to reflect known data inconsistencies with the comparator hospitals (e.g. orientation cost and clinic hours of care). The Corporation's recalculation, although less than that of the HayGroup, clearly accepts the direction and the substance of the potential savings. Furthermore, it is anticipated that a more accurate picture of the "opportunity" will be available as the Corporation improves data collection in this area.

Of the twenty-two million dollars in potential savings we have all ready saved fourteen million dollars in an effort to balance our budget last year and to develop our budget for the current fiscal year. Of the eight million dollars remaining, we believe there are two million dollars worth of identified savings that would not be acceptable to pursue. The extent of the remaining savings will be determined based upon greater examination of the issues.

During 2002/03 we will be working to substantiate the remaining potential savings. This process will involve our managers, physicians, union representatives, and the Department of Health and Community Services. We will also need to liaison with like organizations nationally and will invest resources to improve our data collection and measurement capabilities.

III. Introduction

The Health Care Corporation of St. John's is a dynamic organization with multiple programs and services. Daily we strive to ensure effective, efficient and equitable care for the citizens of Newfoundland and Labrador. The Corporation's vision, although simple to state; ***"We are committed to a strong health care system"***, is far from simple to achieve. A typical visit to a service, program or clinic involves many different professionals, some face to face, many more behind the scenes. Linking all of these components together to ensure quality patient care is a significant mission.

Never before has the health care system received so much attention throughout our country. Concerns about the future of health care have sparked a search for ways to ensure its long-term survival. We can only anticipate that future demands will be greater than anything we have experienced. It is essential, therefore, that we actively participate with our partners, especially the provincial government, in finding solutions. It is also crucial that in our efforts to discover alternative mechanisms for the delivery of quality health care, that we not alienate those individuals whom will be entrusted with implementing the impending solutions.

We believe it is essential that standards of care and accessibility be established along with an appropriate funding regime so that expectations are realistic and achievable. While control and redistribution are important features of the changing nature of health care delivery system it is also important to remember that there are areas within our health system that are under funded and thus underdeveloped. Progress needs to continue throughout our organization for example in areas such as mental health, adult rehabilitation, genetics and the use of technology. In addition, it is important that we remember the important teaching mandate that the Corporation has assumed in partnership with the provinces educational institutions. The challenge of redistributing, reallocating and renegotiating new and alternative funding mechanisms will continue to impact our health care system.

Responding to rising expectations with the resources available sometimes seems like an impossible mission, but the Corporation has enhanced its efforts to keep costs down.

Although the Corporation's budget deficit seemed insurmountable in the past year, exceptional efforts by the Trustees, managers, staff and physicians have enabled the organization to obtain a balanced budget for the 2001/02 fiscal years. The Board of Trustees has approved a balanced budget for the fiscal year 2002/03 and started the process of paying down the deficit incurred previously.

Other initiatives that will assist the organization improve it's efficiency have been implemented. In the fall 2001 a physician leader was assigned to assist other physicians in identifying mechanisms to monitor and control utilization. In addition, in February 2002 the Clinical Efficiency Unit was established with the mandate to work in conjunction with staff and physicians to develop action plans to improve clinical efficiencies. Positive results are also being obtained from our own Expected Date of Discharge Project. Collaborative efforts to improve this organization are ongoing at many levels within the organization and with many different stakeholders.

The Corporation will use the results of Operational Review as one of the resources available to the organization in its ongoing efforts to be an effective and efficient organization.

IV. Transparency of the Health Care Corporation of St. John's

The Health Care Corporation of St. John's participates in a wide array of external reviews that assist us in assessing the quality of services provided within our facilities. Listed below are several prominent reviews that the Corporation willingly participates in regularly.

i. Reviews, Audits and Accreditations

1. **CCHSA Accreditation**: In October 2001 the Corporation received a three-year national accreditation. This accreditation is coordinated by the Canadian Council of Health Services Accreditation (CCHSA). The process involves a review of compliance to established standards by a team of external surveyors who conduct site visits. Three years is the maximum accreditation that is awarded and the next survey is scheduled for the fall of 2004.

2. **Dentistry Accreditation**: The Division of Dental Services (Surgery Program) received "Approved Accreditation status" by the Commission on Dental Accreditation of Canada in 2001
3. **Centre for Nursing Studies**: In May 2001 the Centre for Nursing Studies received a seven-year Accreditation by the Canadian Association of University Schools of Nursing.
4. **Vascular Laboratory**: The noninvasive Vascular Laboratory in the Surgery Program was among the first fourteen vascular laboratories in Canada to be granted international accreditation by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL).
5. **Materials Management**: In both 2000 and 2001 the Auditor General reviewed the Materials Management Department. In 2001 the Auditor General reviewed the fixed asset control of computer hardware. Deficiencies were corrected. In 2000 the Auditor General reviewed our compliance with guidelines for hiring external consultants and compliance with Public Tender Act for selected major contracts. We were fully compliant.
6. **Nursing Hours of Care Review**: The Corporation participated with the Department of Health and Community Services to develop an Hours of Nursing Care template.
7. **Human Resources Policy and Employee Relations**: This department recently participated in an operational review. Recommendations from this review will lead to the restructuring of the department during the next eighteen months and the purchase of a Human Resources Information System.
8. **National Healthcare Human Resources Benchmarking:** The Corporation has also participated in the National Healthcare Human Resources Benchmarking initiative since 1995.
9. **Mental Health Program**: In 1999 the Corporation received an external consultants review of inpatient suicides. Recommendations were assessed and ninety two percent were implemented.
10. **Pharmacy**: Applied Management Consultants were retained to conduct an operational review of pharmacy services. The study examined workload, work processes, clinical pharmacy services, department structure and alternative service delivery methods. The results of this study are currently being evaluated.

ii. Summary

The doors of the Health Care Corporation of St. John's are continually open to facilitate the assessment process by external agencies. The organization has gained a tremendous amount of information and insight that is currently integrated into clinical and administrative practices. We learn from and openly welcome constructive feedback.

V. History leading up to the Operational Review

On April 1, 1995 eight health facilities in the St. John's region united to form the Health Care Corporation of St. John's, governed by a single government-appointed Board of Trustees. The eight facilities brought to the Corporation a proud tradition of quality health care, commitment to patients and strong loyalty of staff members and physicians. The facilities were: Children's Rehabilitation Centre, Dr. Walter Templeman Health Centre (Bell Island), General Hospital, Janeway Child Health Centre, Leonard A. Miller Centre, Salvation Army Grace General Hospital, St. Clare's Mercy Hospital and Waterford Hospital. The new organization also has responsibility for the Centre for Nursing Studies, the regional ambulance service, and the Provincial Genetics Program and a central laundry.

As our organization oriented itself to a new direction, steps were taken to unify staff, create a single medical staff organization, develop a single executive group (the Corporate Team), consolidate administrative and support departments, organize single bargaining units for unionized staff, and centralize three schools of nursing.

While the Health Care Corporation of St. John's progressed through its establishment and reorganization significant changes were occurring in both the community and long term care sectors. The regionalization of both of these sectors created the need for new liaisons and partnerships with our external stakeholders.

Clearly, the greatest challenge next to merging the independent organizations into one corporation has been managing the constant financial pressure that the organization has experienced. In the spring of 2001 the Health Care Corporation of St. John's suggested to the Department of Health and Community Services that an independent review of the Corporation would be useful in identifying opportunities to assist the organization in

achieving a balanced budget. In June 2001 the Department of Health and Community Services announced that the Health Care Corporation of St. John's had an estimated $8.6 million deficit. In an attempt to address this issue the Health Care Corporation of St. John's initiated an internal budget consultation with the unions. Based upon initiatives from these meetings the projected deficit was decreased to $6.6 million.

On November 5, 2002 the Minister of Health and Community Services announced that the government would be "commissioning a full operational review of the corporation by external consultants with the first part of their mandate to present a plan to recover the current year deficit as soon as possible, …. and to generally contain the growth in costs in the future." (Press release November 5, 2002)[1] Mr. George Tilley, C.E.O, publicly articulated the Health Care Corporation of St. John's support for the review process on November 6, 2001 in an interview on the CBC Morning Show: "We share their need to be able to find a solution here. We believe that the health care system's future is at question here if we don't find some way of resolving the increase in resource need. So we're just as much interested as they are to find a solution. But it would be inappropriate, I think for one organization or the other to be making the decisions in isolation."[2]

A steering Committee comprised of representatives of the Department of Health and Community Services and Health Care Corporation of St. John's developed four main objectives that formed the basis of the consultant's mandate.

- To identify a recovery plan which would balance our current operating budget by March 31, 2002;
- To identify actions which would give rise to additional savings on an annual basis which have the potential to offset both this year and next year's deficit. This would balance the budget over a two-year period;
- To identify and prioritize actions which would have the least detrimental impact on patient care, education and research;

[1] Department of Health and Community Services press release November 5, 2002. " Health Minister announces deficit reduction measures."
[2] Interview of Mr. G. Tilley CEO Health Care Corporation of St. John's by Mr. J. Brown, CBC Morning Show November 6, 2001.

- To look at the longer term and identify cost reduction, cost containment and reasonable revenue opportunities, which would result in more improvements to our financial position.

The HayGroup began their work at the Health Care Corporation of St. John's in November 2001 and concluded their site visits January 2002. Significant correspondence continued with the consultants leading up to a presentation of the major clinical efficiency themes to Clinical Chiefs, Program Directors and Corporate Team on January 23, 2002. During this presentation initial concerns were raised regarding data quality, and the process used to benchmark the Health Care Corporation of St. John's with other organizations.

In February 2002 the Health Care Corporation of St. John's realigned its management structure and announced a number of short-term cost reduction measures decreasing its projected deficit below four million.

In March 2002 the Health Care Corporation of St. John's announced that it would balance its budget for the 2001/02 fiscal year. In the end we achieved it through a combination of measures including; (i) bed reductions achieved through reduced demand and clinical efficiencies, (ii) one time cost savings measures (staff education, building maintenance projects) (iii) additional funding from government, and (iv) the elimination various positions.

The Minister of Health and Community Services released the HayGroup Operational Review on March 28, 2002. The Chairperson of the Board of Trustees, Mr. John Abbott, stated "We will thoroughly evaluate all of the recommendations of the report before proceeding with any changes. At all times, our emphasis will be on maintaining or improving the quality of care we provide to our patients. The Board of Trustees will be assessing the implementation plan with the intention that there be no layoffs as a result of the recommendations and with the objective of being more efficient and achieving a balanced budget." The Minister stated "We will work closely with the corporation as it moves forward to implement the recommendations of the report." [3]

Since the release of the report of the Operational Review various processes have been used to determine the impact of each recommendation on the organization. In certain cases this process is still ongoing but a tentative response has been prepared. The analysis of the more complex recommendations was limited by the timeline established for this response (by May 31, 2002).

VI. Pride in the Staff, Physicians and Volunteers

Accepting recommendations that can help us optimize the organization's efficiency is not the most difficult aspect of the HayGroup Operational Review. Rather the most difficult aspect is accepting a document that criticizes, without foundation, the dedication and professionalism of our staff and physicians. As illustrated in the section entitled "Transparency of the Health Care Corporation of St. John's" the organization has welcomed the opportunity to invite experts into the organization to assess our operations and provide valid constructive feedback of our operations. A positive aspect of this review process is the willingness of so many people to publicly voice their support for the staff, physicians and volunteers of this organization. Maybe the issue is best addressed simply by quoting from a letter received by the Health Care Corporation of St. John's.

> *"From premature babies, to injured adolescents; from children with acute or chronic illnesses to children and families bearing the grief of palliative care, the nurses and physicians of the emergency department are committed to helping all in a highly skilled manner." Janet and Ron Beer and Family.*

Daily patients receive quality care from the dedicated professionals of the Health Care Corporation of St. John's. Can we improve? Clearly, the answer is YES. It is this philosophy of continual quality improvement that drives our quality initiatives endeavors. It is also a commitment to improvement that enabled the organization to achieve such significant changes during its formative years. The organization has evolved from a series of independent facilities and services to its current status as the single major provider of health care services in the region and as the tertiary provider for

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[3] Government Press release March 27 2002.

the province. This process was only possible due to the commitment and dedication of the staff, physicians and volunteers of the organization.

VII. Limitations Associated with the Report

i. Limitations of the Report

As with all reviews there are limitations associated with the commentary and conclusions contained within the document. Although the limitations of the report are not clearly articulated it is important to recognize the assumptions and limitations of the report. Although it is not the responsibility of the Health Care Corporation of St. John's to specify the limitation of another author's work it is important for the purpose of clarification that the constraints that the HayGroup faced are articulated.

- The reviewers were associated with the organization for a very limited period of time.
- All reviewers have their own biases regarding what contributes to success, but reproducing success from one environment to another is always difficult and very often impossible.
- The process of benchmarking utilized for this review was intended to be a high level analysis requiring additional analysis before conclusive operational decisions could be made.
- The report does not account for areas of clinical growth nor does it balance capital investments with potential operational savings in most recommendations.

ii. Data Quality

The methodology applied by the Hay Group is highly dependent upon the input of quality data to ensure valid outcomes upon which conclusions can be drawn. Several problems existed with the validity, reliability and comparability of the data. The following points identify the major problems associated with data quality utilized in the Hay Report.

1. On February 8, 2002 the Steering Committee met and it was decided that due to problems with the data and evidence coming from the Corporation's "Expected Date of Discharge Project" that the recommended clinical savings target would be

$11.4 million over two years versus $15.6 million. This recommendation was not reflected in the final data.

2. During the Steering Committee review of the draft HayGroup report adjustments were recommended to reassign staff to their appropriate MIS cost center (i.e., utility workers costed to Housekeeping). Although these adjustments were submitted the cost centers were not modified to reflect the new data provided.

3. Also during the Steering Committee review of the draft HayGroup report adjustments to worked hours were provided. Specifically the adjustments were made to outpatient workload being costed to inpatient services. These cost centers were not reworked to reflect the new data provided.

4. Corrections to workload statistics were provided to HayGroup following review of the initial draft. Many of these were not reworked (i.e., Laboratory, Diagnostic Imaging, Allied Health, Medicine, Surgery).

5. The Corporations orientation costs were charged as worked hours inflating worked hours. Five comparator organizations indicated that they only code orientation to benefit hours. Adjustments were made to code orientation to benefit hours to make the consistency with the benchmark. These cost centers were not revised to reflect the new data provided.

iii. Comparability

Methodology used to compare the Health Care Corporation of St. John's with other hospitals sets a standard that is unreasonable. The consultants' use of the 75th percentile and the decision to directly compare the Corporation to selected organizations based upon specific program areas at the 75th percentile is a disproportionate standard. Clearly if the Corporation were to achieve the 75th percentile in all areas assessed it would be by far the most efficient organization in Canada.

It is important to note that neither of the hospitals used for comparison purposes was in the 25th percentile in all categories, which is the standard that the Corporation was measured against.

iv. Commentary

In reviewing the objectives of the Operational Review there are several areas of commentary within the Final Report and Executive Summary, which are either outside the mandate of the report or do nothing to further the joint objectives of the Department of Health and Community Services and the Health Care Corporation of St. John's. As indicated in the Executive Summary, *"The primary purpose of the Review has been to identify initiatives that will allow the hospital to achieve a balanced budget and a more favorable working funds position as quickly as possible."*. The Corporation's concerns are in relation to various subjective comments that have no factual basis and have negatively impacted both the focus and objectives of the review.

VIII. Operational Review Recommendations

i. The process used to assess the recommendations.

The time frame between the release of the Operational Review and the May 31, 2002 response deadline limits the degree to which a number of the recommendation could be addressed. In other circumstances the recommendation requires an ongoing process of continuous quality improvement and the designation of "completed" is not applicable.

ii. Current Status of the Recommendations

Each recommendation has been responded to in detail in Appendix A. In many cases the recommendations are implemented (24/119), in other cases the recommendations are in the process of being implemented (63/119). The following table provides a summary of the current status of the one hundred and nineteen recommendations.

Table Two – Current Status of the Recommendations

Status	Number of Recommendations in this Category	Recommendation Number
Completed/Implemented	24	3, 5, 12, 13, 14, 16, 18, 19, 21, 30, 43, 46, 53, 54, 61, 72, 81, 86, 87, 93, 94, 98, 108, 109
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Recommendation not accepted	14	45, 48, 49, 51, 63, 66, 69, 96, 99, 103, 107, 110, 111, 116
Existed Prior to Review	1	11
Total		**119**

iii. Potential Cost Savings

One of the problems encountered in preparing this response is that the recommendations do not line up with the identified cost savings. There are recommendations with no associated savings and there are savings identified with no recommendations. The HayGroup identified potential savings of thirty million dollars. Utilizing the HayGroup methodology the Corporation reassessed the calculations and determined that the potential savings should be twenty two million dollars. The greatest factor attributing to the difference is the variance between using comparator hospitals lengths of stay at the 50th percentile compared to the 75th percentile. The draft HayGroup report used a performance level established at the 75th percentile but an alternative of a 50th percentile standard was proposed. During the review period, the consultants had agreed with this change based on results emerging from our Expected Date of Discharge Project and the unusually low complexity levels reported for our patients. These factors caused enough concern about the validity of the performance differential to warrant the change. Unfortunately, the consultants subsequently refused to adjust the report. In addition the data was not adjusted to reflect known data

inconsistencies with the comparator hospitals (eg. orientation cost and clinic hours of care). The Corporation's recalculation, although less than that of the HayGroup, clearly accepts the direction and the substance of the potential savings. Furthermore, it is anticipated that a more accurate picture of the "opportunity" will be available as the Corporation improves data collection in this area.

Of the twenty-two million dollars in potential savings we have all ready saved fourteen million dollars in an effort to balance our budget last year and to develop our budget for the current fiscal year. Of the eight million dollars remaining, we believe there are two million dollars worth of identified savings that would not be acceptable to pursue, leaving us with approximately six million dollars in potential savings to pursue.

During 2002/03 we will be working to substantiate the remaining potential savings. This process will involve our managers, physicians, union representatives, and the Department of Health and Community Services. We will also need to liaison with like organizations nationally and will invest resources to improve our data collection and measurement capabilities.

iv. Detailed review of all recommendations

A detailed review of each recommendation and the Health Care Corporation of St. John's response is outlined in Appendix A.

IX. Conclusion

As outlined earlier the Corporation will use this report as one of the resources that it has available to operate in an effective and efficient manner. The Corporation has been actively pursuing recommendations that will help to ensure effective, efficient and equitable care for the citizens of Newfoundland and Labrador.

X. Appendices A - HCCSJ Response to the Operational Review Recommendations

HCCSJ Response to the HayGroup Operational Review

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
1	The Board Chairperson along with the Minister of Health should solicit the Lieutenant Governor in Council to allow the Chief of Staff/Chair of the MAC and the CEO to be a member of the Board of Trustees of HCCSJ.	An assessment of practices across Canada is currently being conducted. The Board will assess the pros and cons of this recommendation and follow-up with the Minister as appropriate once the review is completed.
2	The Board chairperson should cause the administrative bylaws to be rewritten to make the Chief of Staff an appointee of the Board and Chair of the MAC.	Action on this recommendation is pending the outcome of Recommendation One.
3	The Board Chairperson should cause the administrative bylaws to be rewritten to make the MAC a subcommittee of the Board of Trustees of HCCSJ.	The Medical Advisory Committee (MAC) is currently accountable to the Board as reflected in the Bylaws pertaining to medical staff. No further action required.
4	The Board of Trustees should initiate a process to develop a role statement and long range plan for the hospital.	The Corporation recently achieved the elements of its previous Strategic Plan. This process involved major restructuring. The Corporation will initiate a review of its current strategic plan in the Fall 2002 following the release of the Provincial Strategic Health Plan.
5	The Chairperson of the board should develop and implement a process for setting annual objectives for the hospital that can guide the development of the hospital's operating plan and its operating budget.	Annual objectives have been set for the Corporation.
6	The CFO should ensure that all analysis of variance includes consideration for the implications of the variance for year-end departmental, program and hospital results.	The Corporation has always examined the impact of budget variances upon year-end departmental, program and hospital results. Discussions of trends based upon variance reports occur at various levels within the organization. Additional formalized documentation is being added to the process.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
7	The CFO should further expand and enhance financial and statistical reporting to the Board to include more comprehensive analyses of variances from plans that provide not only the cause of the variance but also potential corrective actions.	The Board has a standing committee that oversees the Finances of the Corporation including the variance analysis and reporting processes. Statistical information will be included in the variance analysis with the implementation of the Statistical General Ledger project that was initiated one year ago. The recent addition of two budget analysts will further strengthen this process.
8	The CFO should further expand and enhance statistical performance reporting to the Board to provide comparisons with similar hospitals in Canada.	The Corporation recently got involved in the National Benchmarking last year through the Canadian Institute for Health Information Benchmarking Study. The Corporation will continue to expand its capacity as appropriate tools become available.
9	The Corporate Team should develop a system for regular reporting to the Board of organizational performance in relation to the board's objectives for the hospital.	Organizational performance is monitored by the Finance and Quality Initiative Committees of the Board as well as reported to the Board through the Chief Executive Officer's monthly reports. Reports to the Board will be enhanced as additional benchmarking and performance information related to the Board's objectives becomes available.
10	The Medical Advisory Committee should develop a standardized set of quality indicators to be reported to the board.	Issues of quality are reported to the Medical Advisory Committee by various sub committees (Infection Control, Pharmacy and Therapeutics) and by monthly reports by Clinical Chiefs. Medical Advisory Committee has established a sub committee to review the membership and functioning of the Medical Advisory Committee as well as opportunities for more standardized reporting on quality indicators.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
11	The Medical Advisory Committee should develop a protocol for reporting the findings of its Infection Monitoring Program to the board.	The Infection Control Committee reports to the Medical Advisory Committee which in turn reports to the Board on significant issues. Added to these reports will be quarterly reports on surveillance rates.
12	The Chairperson of the Board should ensure that the corporation's annual objectives form the core of the annual performance objectives for the CEO.	Annual performance objectives have been established for the CEO.
13	The CFO should initiate the budget process by communicating the corporations operational planning and budgeting parameters.	Annual budgeting parameters as established by Treasury Board and the Department of Health and Community Services are communicated within the organization as part of the annual budgeting process. This process will be further enhanced by the development of internal budgeting assumptions that build upon those outlined by Government.
14	The Vice Presidents should ensure that each operating area develops its plan and budget by translating corporate planning and budget parameters into functional centre parameters defining expected service content, workload, productivity targets, overhead staffing requirements and materials productivity targets.	Workload parameters have been incorporated into various areas for the 2002/03 fiscal year. The process will be expanded and will form the basis of the 2003/04 budget planning cycle that will be initiated autumn 2002.
15	The CFO should ensure that corporate review and evaluation of budgets includes review of changes from prior years and performance against targets.	It has always been the practice of the Corporation to ensure that the corporate review and evaluation of budgets includes review of changes from prior years. As new productivity targets are established as outlined in Recommendation 14 they will be incorporated into the review process.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
16	The CEO should ensure that finalization of the budget includes review of each operating areas plans and budgets by the rest of the leadership team.	Corporate Team have always reviewed the budget of each cost center prior to finalization of the organizational internal budget.
17	The CFO should ensure that the budget package presented to the Board includes assumptions and risks, and sensitivity analyses related to critical planning/budgeting	Assumptions and risks have been included with the 2002/03-budget review. Additionally, regular monthly reporting of departmental assumptions and risks will be incorporated into the existing monthly variance reporting.
18	The Health Care Corporation of St. John's should develop and implement plans to provide hospital services within the revenues committed to it from the Department of Health and Community Services and available to it from other sources.	The Corporation has prepared a balanced budget for 2002/03.
19	The CFO should improve the content of the variance reporting provided to the Corporate Team.	Corporate Team review will utilize the expanded process described in recommendations #7 and #8.
20	The CEO and Corporate Team should make cost management and productivity improvement a priority of management and staff throughout the organization.	This has been a priority as is evident by the major restructuring that occurred over the past five years. The Corporation will continue to identify opportunities to reduce cost and improve productivity.
21	The CFO should establish a data quality task force chaired by the Director of Finance and Budgeting to develop a strategy to improve data integrity.	The existing Statistical Working Group has been pursuing this strategy.
22	The CFO should establish a management information task force to define the information requirements of managers and the key performance indicators that should be used to monitor organizational performance.	The Corporation is incorporating performance indicator monitoring as a key component of its regular financial/operational variance analysis issue which will complement the efforts identified in recommendation 14.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
23	The Director of Finance and Budgeting should compile an inventory of all statistics by source that are reported internally and externally, and clearly establish the authoritative source of each statistic.	The Statistical Working Group that was established in 2001 is completing this work.
24	The CFO should increase the level of analytical support through the creation of a decision support function.	A decision support function will be established from a combination of existing and new resources. The Corporation is currently exploring various options to consolidate and enhance our structures and processes.
25	The Vice President, Human Resources should develop and implement an Early Intervention Management program to reduce employee absence due to illness and/or accident.	Significant work has already been completed to date in establishing structures, processes and policies in the area of Disability Management and Early Intervention. The Corporation has recently received a national award for its achievements in this area.
26	The Vice President, Human Resources should develop and implement a Performance Management program for managers at HCCSJ.	A Performance Management program exists, however, modifications are required to the processes with improvements required in monitoring and accountability.
27	The Vice President, Human Resources should resolve outstanding grievances and develop a process to expeditiously deal with grievances.	The number of unresolved grievances are a concern to both the employer and the unions. The backlog of grievances from previous employers (pre regionalization) and restructuring remains significantly high. Mediation is used extensively, but current modes of grievance resolution are time consuming and resource intensive. The Corporation is currently working with the various unions to explore new approaches.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
28	The Vice President, Human Resources should play a leadership role in advancing through the provincial bargaining process changes to the collective agreement provisions governing over time for nurses and sick leave and personal paid leave provisions for all union employees.	The Corporation will continue to advocate for greater attention to this issue by Government during collective bargaining.
29	The Vice President Medical Services should ensure that all appointees to a position of clinical chief participate in a formal management training program designed for physician leaders such as the PMI courses.	Clinical Chiefs have been supported in the past to pursue management training courses for physician leaders such as the Physician Management Institute (PMI) sponsored by the Canadian Medical Association (CMA). The Corporation is currently pursuing the offering of this training, through PMI, locally, in an effort to increase the number of participants.
30	The Vice President Medical Services should ensure that all clinical chiefs have a contract that includes a job description, accountabilities, expectations, required time commitment and appropriate remuneration.	There is a job description for Clinical Chiefs with parameters set for their time commitments. The expectations and accountabilities will be reviewed during the appointment / reappointment process which is currently underway.
31	The Department of Health & Community Services should give serious consideration to increasing approved preferred accommodation rates for HCCSJ to $100 per day for private and $75 per day for semi-private accommodation.	Will be discussed with the Department of Health and Community Services.
32	The Director of Food Services should take all necessary steps to eliminate Cafeteria operating deficits.	Efforts to reduce operating deficits in the cafeteria have been ongoing. Significant improvements have been made to increase revenues, however, a reduction in the hours of operation in the hours of operation will be necessary to bring costs down. This has been initiated.
33	The VP, Administrative Services should evaluate the alternative of contracting with a private sector pharmacy to operate retail pharmacy outlets at its facilities.	As this is not a core service a detailed analysis will be required.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
34	The VP, Administrative Services should invite a national group purchasing organization to conduct a product price comparison to determine whether further savings can be achieved.	A price comparison study will be conducted.
35	The HCCSJ and the Department of Health and Community Services should sponsor a 3rd party clinical review of the medical necessity of admissions to the HCCSJ medicine, cardiac, mental health and child health	Will be discussed with the Department of Health and Community Services.
36	The HCCSJ, in conjunction with the Department of Health and Community Services should identify strategies to reduce the reliance of non-residents of the region on HCCSJ for Primary and Secondary hospital care.	Will be discussed with the Department of Health and Community Services.
37	The HCCSJ should establish clinical efficiency targets for each patient category, based initially on the CIHI expected lengths of stay, and then on the CIHI/HayGroup teaching hospital first quartile performance.	A Clinical Efficiency Unit has been established to develop a detailed action plan to support physicians and clinical staff to improve length of stay in line with national norms.
38	The Vice-President Medical Services should ensure that all Program Clinical Chiefs receive and distribute physician-specific length of stay reports on a quarterly	Recent enhancements to our information system has enabled us to implement the process of providing LOS reports.
39	The Vice-President Medical Services should ensure that the Medical Staff Bylaws Rules and Regulations are modified to require that all attending staff members record an expected date of discharge in the medical record within 24 hours of the admission of any patient.	This will be done through policy initiatives.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
40	The Vice-President Medical Services should ensure that clinical practice guidelines are developed (including expected length of stay), implemented and actual performance monitored, for the most common medical conditions and surgical procedures necessitating hospital admission.	Clinical practice guidelines exist in a number of clinical programs. Further development, including compliance audits, will be pursued with the Clinical Chiefs.
41	The Vice-President Medical Services should ensure that guidelines are developed on the indications for interventions for which HCCSJ has a high rate of utilization, such as hysterectomy and myringotomy.	These interventions will be referred to the appropriate Program Clinical Chief and the Clinical Efficiency Unit for review and follow-up.
42	The Vice-President Medical Services should ensure that the Medical Staff Bylaws are modified to explicitly define the expectations that medical staff will participate within their programs and departments to improve the efficiency of the services they provide.	Opportunities to reinforce these expectations will be pursued through the annual review of medical staff. Medical Staff By Laws (June 29, 1992) M3.21 (f,h) refers to this issue.
43	The HCCSJ Board of Trustees should ensure that information regarding the comparative performance of the Corporation with respect to utilization and efficiency is provided to the Board on an annual basis.	Already in place. Results of previous studies (examples: restructuring study and Canadian Institute for Health Information (CIHI) Benchmarking Study) provided to the Board last year.
44	The Vice-President Medical Services should ensure that the evaluation of performance for reappointment of medical staff includes evaluation of clinical efficiency.	See recommendation response to #42

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
45	The Vice-President Medical Services should reestablish the Corporate Utilization Management Committee as a standing committee of the MAC, and expand the membership to include the Clinical Chiefs of all programs.	The Corporation does not support this recommendation. The organization had a Corporate Utilization Committee but determined it to be of limited effect. More successful initiatives include: strengthening Utilization Management (UM) processes (i.e. UM is discussed at Clinical Chiefs Committee, creation of Physician Utilization Coordinator position, increased physicians participation at Corporate Quality Initiatives and the creation of a Clinical Efficiency Unit). Further follow up will take place at Medical Advisory Committee (MAC) (see response to recommendation #10).
46	The Vice-President Medical Services should initiate a study to determine the appropriate compensation of HCCSJ physicians for involvement in administrative activity.	Contact has been made throughout the country to identify compensation arrangements in other jurisdictions.
47	The Board and CEO should convert the Dr. Walter Templeman Health Centre into an outpatient primary care health centre.	In light of the impact on other public services and the need to await the Province's Strategic Health Plan, follow-up on this recommendation will be deferred pending further discussion with the Department of Health and Community Services.
48	The Vice President Patient Care Services should discontinue the Janeway Emergency Department Telephone Advice Service.	The Corporation does not support this recommendation. Consumer feedback has been very positive. The estimated cost to contract Poison Control, as per recommendation #49, is $80,000. Cost for both Poison Control and accommodating 12,000 pediatric advice calls is currently $150,000. Given the amount and quality of advice provided to patients and the potential increase in Emergency visits if the advice line were discontinued, this service will be maintained.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
49	The Vice President Patient Care Services should establish a 1 800 poison control line by contracting the service with a larger paediatric hospital.	The Corporation does not support this recommendation. The estimated cost to contract Poison Control, as per recommendation # 48, is $80,000. Cost for both Poison Control and accommodating 12,000 pediatric advice calls is currently $150,000. Given the amount and quality of advice provided to patients and the potential increase in Emergency visits if the advice line were discontinued, this service will be maintained.
50	The Vice President Medical and the Chair of the MAC should ensure that the appointment of all specialists includes clear delineation of on-call service responsibilities and that these responsibilities are fulfilled.	Medical Staff By Laws are currently being modified to define more specific responsibilities for specialists, including on-call responsibilities. Furthermore, the appointment and re-appointment process within each program will clarify physician roles.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
51	The CEO should initiate the planning and development for the consolidation of Adult and Paediatric Emergency Services into a single site operating as a single Emergency Department at the Janeway/Health Sciences Centre	1) Consolidating the Janeway and the General Emergency Department. This recommendation cannot be supported. A Focus group of clinical chiefs, physicians, chair of MAC and staff reviewed the recommendation and identified concerns that make the implementation of this recommendation unfeasible. (i) The Janeway Emergency Department has approximately 31,000 visits per year. Pediatrics requires a special medical and nursing skill set, specific equipment and distinct care processes. The consultants recognize the importance of maintaining dedicated staff and space for the care and treatment of pediatrics; consequently the operational cost savings are minimal and uncertain. (ii) The merger could not be accomplished without a significant capital cost for renovated or new facilities. (iii) Evidence based research showing the benefit of a merged adult and child emergency department could not be identified. (iv) Most major centers have a tertiary pediatric emergency. Merged emergencies occur most frequently in secondary hospitals. 2) Consolidating St. Clare's and the General Emergency Department. This recommendation cannot be supported. A Focus group of clinical chiefs, physicians, chair of MAC and staff reviewed the recommendation and identified

		concerns that make the implementation of this recommendation unfeasible. It was determined that this realignment would have significant negative impact on services at St. Clare's (e.g. Medicine, CCU, Surgery, ICU and medical training programs). The combined volumes of emergency visits at the General site would necessitate a significant capital investment with minimal resulting operational savings. The current service delivery model was established in the mid 1990's based upon extensive planning. Any changes to the current system would incur significant capital cost. Any further consideration of adult service realignment (including emergency) would be discussed through an updated Corporate Strategic Plan. See recommendation number 4.
52	The Director of Emergency Services should establish a productivity target of 2.43 worked hours per visit level for the General site's Emergency Department.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
53	The Director of Emergency Services should target an overall productivity level of 1.98 worked hours per visits upon consolidation and redevelopment of ER sites.	See recommendation #51
54	The Chief of Anesthesia should ensure that an anesthetist is present in the Pre-Admission Clinic as part of the evaluation team.	Completed
55	The OR Committee should redevelop its elective booking policies and practices to provide for more equitable, efficient and effective use of hospital resources.	Internal study is currently underway. Report due October 2002.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
56	The Chief of Surgery and the Surgical Program Director investigate the feasibility and desirability of reorganizing some of the surgical beds for a Short Stay Unit (SSU).	Previous experience with short-stay beds (GYN/Surgery) has posed operational problems with ensuring the unit closes on time and staff overtime is not incurred. The Clinical Efficiency Unit with the Program staff will investigate the potential for bed reductions as a result of short stay. A comprehensive report is due December 2002.
57	The Surgical Program Director and the Director of Materials Processing should establish an instrument tracking system to monitor and correct deficiencies.	The Directors of Perioperative and Materials Management are investigating the current issues of instrument availability and will advise with respect to how to address issues. Report due October 2002.
58	The Surgical Program Director, Chief of Surgery and the Director of Materials Management should ensure that there are sufficient instruments and equipment to complete the scheduled volume of daily OR surgery.	Currently investigating the issues of instrument availability. Report due October 2002.
59	The Chief of Obstetrics, Surgical Program Director and Director of Women's Health should transfer all post -partum tubal ligations and 1st trimester D&Cs to the Caseroom.	Internal review initiated.
60	The Chief of Obstetrics & Gynecology, Surgical Program Director and Director of Women's Health investigate the potential of performing hysteroscopies in the Women's Health Centre under local anesthesia.	Internal review initiated. Report due October 2002.
61	The Surgical Program Director should adopt a policy that the scrub nurse remains scrubbed for a case to its completion unless it is greater than 4 hours.	This recommendation is not supported. There is no value from a cost or quality perspective.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
62	The Vice President Patient Services should ensure that the humidification system in the Janeway Operating Rooms is rectified immediately.	Facilities Management continues to work with the equipment suppliers to resolve this issue.
63	The Surgical Program Director should implement a zone based coverage model for the St. Clare's PARR.	The Corporation does not support this recommendation. There is no cost saving associated with this recommendation. The clinical team believes that the current model of care is superior to a zone based approach.
64	The Surgical Program Director should establish an overall PARR productivity target of 3.11 worked hours per visit.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
65	The Surgical Program Director should establish St. Clare's and General site OR targets of 12.04 worked hours per	This target is dependent upon case mix, and cannot be translated into a global benchmark. Nurse/patient ratios and an internal study to improve efficiency are currently underway.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
66	VP Patient Care Services, The Program Director, and the Clinical Chief should consolidate CCU services and create one 20-bed CCU at the General site.	This recommendation can not be supported. A Focus group of clinical chiefs, physicians, chair of MAC and staff reviewed the recommendation and identified several concerns that make the implementation of this recommendation unfeasible. It was determined that this realignment would have significant negative impact on services at St. Clare's (e.g. Emergency Department, Medicine Program, ICU and the medical training programs). Any further consideration of adult service realignment (including CCU) would be discussed through an updated Corporate Strategic Plan. See Recommendation #4.
67	VP Patient Care Services, The Program Directors, and the Clinical Chiefs should increase the number of beds in the IMC unit to 6 and make this a closed unit under the control of the intensivists.	The Clinical Efficiency Unit in conjunction with program staff will investigate the use of IMC/special care beds. Target report - December 2002 (see recommendation 68).
68	VP Patient Care Services, The Program Director, and the Clinical Chief should change two of the three special care units to ward beds and leave a total of 4 beds for step down for all of surgery.	The Clinical Efficiency Unit in conjunction with program staff will review the use of special care beds at St. Clare's. Target report December 2002 (see recommendation #67)
69	The Program Director, and the Clinical Chief should reduce the number of cardiac step down beds by 4 and hold to 16 cases per week.	This recommendation is not supported in light of current demand for cardiac surgery.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
70	The Program Director should establish an Intensive Care Unit productivity target of 24.88 worked hours per patient day.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
71	The Program Director should establish a Coronary Care Unit productivity target of 15.20 worked hours per patient day.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
72	The Vice President Patient Care Services should reduce the number of Division Directors by 3.0 FTEs.	Completed. Three FTEs approximately $258,000 savings accomplished.
73	The Vice President Patient Services should increase casual positions to at least 20% to provide more flexible staffing options.	This recommendation cannot be supported. The Corporation is however increasing permanent part time and temporary positions as a measure to increase flexibility in the workforce and achieve savings. This will be pursued on an incremental basis subject to an annual review of the employment market.
74	The Program Director for the Medical Program should establish a productivity target of 5.92 worked hours per patient day for the Medical Inpatient Program.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
75	The Program Director for the Surgical Program should establish a productivity target of 6.22 worked hours per patient day for the Surgical Inpatient Program.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
76	The Vice President Medical Services should evaluate the relative intensity of use of outpatient clinic space and reallocate as feasible to balance use among the sites and clinic areas.	Full-time Physicians employed by Memorial University and salaried physicians do not have outside office space and use Health Care Corporation's facilities exclusively. Due to contractual arrangements the Corporation is responsible for the provision of clinic space. Because of an increasing focus on clinical efficiency, the use of existing space is being reviewed. The Corporation is currently assessing its ambulatory space requirements in light of increasing demand on ambulatory services.
77	The Program Director for Child Health should establish a PICU productivity target of 36.44 worked hours per patient day for the 2002/03 and a target of 29.87 worked hours per patient day for 2004/05.	A staffing evaluation is underway. The Corporation will work with Department of Health and Community Services to establish productivity target for Child Health. This specialized unit (6 beds) will require "core" staff regardless of patient activity.
78	The Program Director for Child Health should establish a NICU productivity target of 15.76 worked hours per patient day for the 2002/03 and a target of 14.39 worked hours per patient day for 2004/05.	A staffing evaluation is underway. The Corporation will work with Department of Health and Community Services to establish productivity target for NICU.
79	The Program Director for Child Health should establish a Paediatric Unit productivity target of 10.43 worked hours per patient day for the 2002/03 and a target of 8.90 worked hours per patient day for 2004/05.	A staffing evaluation is underway. The Corporation will work with Department of Health and Community Services to establish productivity target for Child Health. The three units referenced range from 12 - 15 beds and will require "core" staff regardless of patient activity.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
80	The Program Director should establish a productivity target of 6.06 worked hours per patient day for the acute psychiatry units.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
81	The Vice President Patient Care Services should reduce the number of managers in the Rehabilitation and Continuing Care Program by 1.0 FTE.	Completed. One Full Time Equivalent approximately $70,000 savings accomplished.
82	The Director of Rehabilitation and Continuing Care should establish a productivity target of 4.64 worked hours per patient day for the Chronic Care and Intermediate Care Nursing Units.	The Corporation recognizes the value of productivity targets. The composition of the worked hours used by the HayGroup is not comparable with this province's methodology for RN's. Productivity standards will be pursued with the Department of Health and Community Services using the currently accepted RN template.
83	The Vice President, Patient Care Services should develop and present to Senior Management a formal business case, inclusive of one-time renovations costs, operational costs and quality benefits of implementing a day hospital.	The Corporation accepts the recommendation. The Rehabilitation Team have been asked to revise the original plan and resubmit by October 2002.
84	The Vice President responsible for Allied Health should reduce front-line staff by 15 FTEs, and should perform further investigation of opportunities to improve productivity of allied health staff.	The Corporation is currently seeking to capture the equivalent of these positions through attrition. This will be monitored closely to ensure it does not adversely affect patient care.
85	The Vice President responsible for Allied Health should develop and replace the current Professional Practice Coordinator Model with a Professional Practice Council Model with associated staff savings.	The Corporation does not accept the extent of the reduction proposed by the consultants, however a proposal has been reviewed and accepted to restructure the current Professional Practice Coordinator Model.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
86	The Director of Pharmacy should reduce the department management structure by 1.0 FTE Manager.	Completed.
87	The Director of Pharmacy should undertake a comprehensive cost-benefits and impact analysis of the role of clinical pharmacists.	The benefit of clinical pharmacist has been well documented in the past and supported by a recent review.
88	The Director of Pharmacy should identify specific tasks currently performed by pharmacists that can be more appropriately performed by pharmacy technicians.	The Corporation supports this direction and has requested a change in legislation to make it possible. Legislation changes are targeted in late 2002.
89	The Director of Laboratory Services should plan for the development and implementation of a core hematology/chemistry laboratory at St. Clare's Hospital.	Plans for the development of a core lab were initiated in 2001. It will be pursued as part of the current laboratory restructuring.
90	The Vice President Medical should provide for the consolidation of all HCCSJ microbiology services at the General site.	Targeted for completion in Winter 2003 pending Laboratory renovations at the HSC site.
91	The Vice President Medical should provide for the consolidation of all cytology to the St. Clare's site.	Acute cytology services are being consolidated
92	The Vice President Medical should implement a process to review, budget and charge appropriately all laboratory services provided in support of research projects.	The Laboratory Medicine Program already provides for cost recovery based upon provincial guidelines for worked units.
93	The Director of Laboratory Services should consolidate management positions for pathology/cytology and automated chemistry/hematology core functions.	Management restructuring has been completed.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
94	The Director of Laboratory Services should establish an initial productivity target of 0.0238 worked hours per patient care workload unit in the Main Labs and upon completed implementation of the core labs establish a productivity target of 0.0225 worked hours per patient	Revised statistics show that the main lab already exceeds the expected targets. The Consultants published incomplete information.
95	The Director of Laboratory Services should establish an initial productivity target of 0.0239 worked hours per patient care workload unit in the Microbiology Laboratories and upon consolidation on a single site establish a productivity target of 0.0181 worked hours per patient	Target is accepted
96	The Director of Laboratory Services should reduce staffing in Pathology by 2.0 FTEs in Cytology and 1.0 FTE in Histopathology and make investments to train three pathology assistants.	The Corporation does not support this recommendation. Pathology assistants are not readily available in this province as there is no local training program for pathology assistants. Technologists II have been crossed- trained to do some of this work.
97	The Vice President Medical Services and the Chairperson of the MAC should initiate a process to create a Single Radiologists group for HCCSJ.	Recently the Radiologists at the Janeway Site and General Site formed one group. Further consolidation is being explored with the Radiologists.
98	The Director of Diagnostic Imaging should restructure the current management structure.	Completed
99	The CEO should transfer the management responsibilities of Central Portering and DI transcription Services to Materials Management and Health Records respectively.	This recommendation is not supported. The consultants did not identify any cost savings associated with the recommendation and it was also supported by an internal review.
100	The Director of Diagnostic Imaging should create a single centralized patient and booking and scheduling service.	Currently being implemented

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
101	The Clinical Chief of Diagnostic Imaging should work with the MAC to establish criteria for the appropriate use of sophisticated imaging procedures.	Clinical practice guidelines for these procedures currently exist and additional guidelines are currently being pursued for implementation.
102	The Director of Diagnostic Imaging should undertake the development of a detailed cost-benefit study for the implementation of PACS across the HCCSJ campuses.	A business case for the expansion of PACS is underway, for review in the Fall of 2002.
103	The Vice President Medical Services and the Director of Diagnostic Imaging should initiate planning for the consolidation of all diagnostic imaging services at the Janeway/Health Sciences Centre	The Corporation does not support this recommendation. Space does not permit the physical consolidation of all services on either of the General or the Janeway sites. The program however, has successfully increased the utilization of the CT scanner and Ultrasound resources by scheduling adult exams at the Janeway site. Services are currently operated as a single operation. Other opportunities for service consolidation will be explored.
104	The Director of Diagnostic Imaging should establish a General Radiology productivity target of 0.0360 worked hours per workload unit for 2002/03 and a productivity target of 0.0332 worked hours per workload unit for 2003/04.	The Corporation accepts these productivity targets.
105	The CEO and Board should consider the merits of the CARA proposal to reduce cafeteria operating hours.	Refer to response to recommendation 32.
106	The Director of Food Services should work with Housekeeping to develop and implement a plan to more effectively use temporary staff.	The replacement staff function for these two departments was combined during the 2001/02 fiscal year. Opportunities to achieve efficiencies within the constraints of the collective agreement continues to be pursued.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
107	The Director of Food Services should eliminate the between meals nourishment snack service.	This recommendation is not supported.
108	The Vice President Administrative Services should reduce the management structure of Food Services by 3.0 FTEs.	The management structure was reduced by two in 2001/02, further reductions are not supported.
109	The Vice President Administrative Services should establish a performance target of $30.15 net operating costs per patient day.	The performance target is accepted.
110	The Vice President Administrative Services should reduce Housekeeping staffing by 1.0 FTE Management	The recommendation is not supported. Further reductions would negatively compromise the organization's ability to maintain quality service.
111	The Vice President Administrative Services evaluate the potential to recover the cost of providing personal laundry services.	The recommendation is not supported. The issue is governed by a provincial policy.
112	The Vice President Administrative Services should conduct a cost benefit analysis of renovating existing General site floors to reduce the number of supply storage locations and achieve reductions in staff resources (Nursing Unit MSAs) required for supply replenishment.	A working group comprising of Facilities, Materials, Management Engineering and Nursing is established to determine potential.
113	The Vice President of Quality and Planning should develop and implement standardized policies, processes and accountabilities for patient registration and training of staff across HCCSJ.	Recommendation is accepted. Standardization is currently being pursued.
114	The Director of Health Records should investigate alternative approaches to transcription services, such as external service providers and at-home transcription.	The potential of contracting transcription services, as well as home options, are being investigated. Technical issues are currently being addressed.

Rec. Num	*HayGroup Recommendation*	*HCCSJ Response*
115	The Director of Health Records should include performance to workload standards as a standard part of an employee's performance evaluation process.	Appropriate standards of productivity are being developed for implementation in Fall 2002.
116	The Director of Health Records should establish a productivity target of 1.17 worked hours per workload	The basis for this recommendation cannot be substantiated. An Atlantic Canada performance benchmark is being pursued.
117	The Vice President Administrative Services and Director of Information Management and Technology should develop a long term capital plan that reflects prioritized needs articulated in the IM&T strategy.	The capital plan is being finalized.
118	The Vice President Administrative Services and Director of Information Management and Technology should implement benefit-realization programs for each major IT/IS initiative.	This process is conducted for all major projects.
119	The Vice President Administrative Services should increase information resources by 11.0 FTEs, either through new hires or through contracted services.	Information resources will be increased in line with demands for information to support clinical efficiency efforts and to support other needs identified in this review. Two additional staff were recruited for the 2002/ 2003 budget year.